



Study: \_\_\_\_\_ Study Date: \_\_\_\_\_

Location: \_\_\_\_\_ Number of Vendors present: \_\_\_\_\_

How many square feet does your market utilize?: Length: \_\_\_\_\_ Width: \_\_\_\_\_

How large are your vendors' stall spaces? Length: \_\_\_\_\_ Width: \_\_\_\_\_

Weather (optional): \_\_\_\_\_

### Supplies:

- pollster forms
- 9" x 12" envelope
- camera
- Name tags and/or stickers, hats for the team
- other: \_\_\_\_\_
- forager forms (optional)
- pens / pencils
- tape measure
- other: \_\_\_\_\_
- vendor forms (optional)
- clickers
- ladder or chairs (optional)
- clipboards
- other: \_\_\_\_\_

### Study Director:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Shift: \_\_\_\_\_

### Clickers:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Shift: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Shift: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Shift: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Shift: \_\_\_\_\_

### Pollsters:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Shift: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Shift: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Shift: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Shift: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Shift: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Shift: \_\_\_\_\_

### Foragers (optional):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Shift: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Shift: \_\_\_\_\_

### Clicker Counts:

Shift Ending at: \_\_\_\_\_ o'clock  a.m.  p.m. Total: \_\_\_\_\_

Shift Ending at: \_\_\_\_\_ o'clock  a.m.  p.m. Total: \_\_\_\_\_

Shift Ending at: \_\_\_\_\_ o'clock  a.m.  p.m. Total: \_\_\_\_\_

Shift Ending at: \_\_\_\_\_ o'clock  a.m.  p.m. Total: \_\_\_\_\_

Shift Ending at: \_\_\_\_\_ o'clock  a.m.  p.m. Total: \_\_\_\_\_

Shift Ending at: \_\_\_\_\_ o'clock  a.m.  p.m. Total: \_\_\_\_\_

Total number of shoppers: \_\_\_\_\_

### Results from pollster forms:

Total number of pollster forms: \_\_\_\_\_

Total number of interviews: \_\_\_\_\_

### Results from forager forms (optional)

Total number of forager forms: \_\_\_\_\_

Total number of neighbors interviewed: \_\_\_\_\_

### Results from vendor forms (optional)

Total number of vendor forms: \_\_\_\_\_